L10000/31312

(Re	questor's Name)	
(ive	questoi s Hallie)	
(Ad	dress)	
(,		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
		,
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
Amend		

Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

SHRIECT

HRB FL Group LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathy Register

Name of Person

PCB Tax Group FL LLC

Firm/Company

PO Box 18799

Address

Panama City Beach, FL 32417

City/State and Zip Code

cregister@hrblock.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Register

at (850) 326-1886

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Fl. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HRB FL Group LLC				
(<u>Name of the Limited</u> (/	Liability Compar Florida Limited L	y as it now appears iability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number L10000131312	iability Company	were filed on 12/2	27/2010	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here	:	
PCB Tax Group FL LLC				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Compan	y." the designation "LL	C" or the abbreviation
Enter new principal offices address, if applie	cable:	5918 Thomas	Drive	
(Principal office address MUST BE A STREE	ET ADDRESS)	Panama City	Beach, FL 32408	
				<u>구</u> 요 교
Enter new mailing address, if applicable:	nove			DEC -4
(Mailing address MAY BE A POST OFFICE BOX)				3 3 5
B. If amending the registered agent and registered agent and/or the new registered o	or registered of	fice address on ou e:	ur records, enter th	ည်း ယ <u>ှ</u>
Name of New Registered Agent:	Mark A. Re	gister		
New Registered Office Address:	5918 Thom	as Drive		
		Ente	er Florida street addr	ess
	Panama Ci		, Florida <u>32</u> 4	108
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or. if this document is being filed to merely reflect a change in the registered office address I hereby dufirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM Cathy Register	Cathy Register	PO Box 18799	Add
		Panama City Beach, FL 324	Remove
			Add
			Remove
			注意
			A Add T
		<u></u>	Remove S. P. P. Remove S. P. Remove
			: 2 7 2 7
			Add
			Remove
			Add
			Remove
			Add
			Remove

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
_{lated} Dec	cember 2 , 2013 ,
	Man Man
	Signature of a member or authorized representative of a member
	Mark A. Register
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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PARTICIPATION STATE